

# NHLBI-ACTIV Response to COVID-19: Accelerating Therapeutic Interventions

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# NHLBI-NIH Strategic Approach to Addressing COVID-19

COVID-19 Progression →

PREVENTION

ASYMPTOMATIC

SYMPTOMATIC

ED

HOSPITAL

ICU

RECOVERY

RECOVERED

## Goals

Reduce case severity/fatality, speed recovery

Understand short- and long-term trajectory

Enable risk stratification, precision interventions

Identify biomarkers and therapeutic targets

Target populations most severely affected

Host-Directed Therapeutics Clinical Trials

Observational/Longitudinal Studies

Translational/Pre-Clinical Studies

Data Resources and Platforms

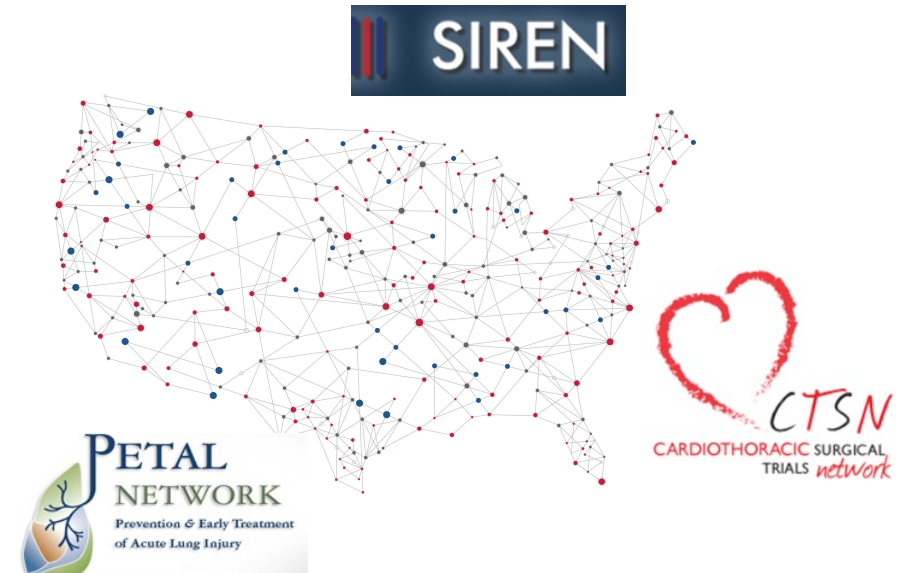
Community-Engaged Research

# NHLBI's "Network of Networks" (CONNECTS): Integration into the NIH ACTIV Trial Infrastructure



*Goal: Leverage and expand NHLBI's national clinical research networks to rapidly and nimbly respond to emerging research and clinical needs for COVID-19*

- **Leverages existing assets**, data, and studies
- Creates a comprehensive, **expandable platform** that links trial network, registries, and cohorts
- Facilitates case finding, **clinical trial accrual**, and **community engagement**



# NHLBI-NIH COVID-19 Therapeutics Portfolio: Rapid Response Featuring Adaptive Clinical Trial Protocols

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## Host-Directed Therapeutics Clinical Trials & Case Registries

*Patient  
Populations*

Pre-hospital Outpatient

Hospitalized Patients  
(+/- ventilatory support)

Post-hospital Convalescent  
Patients

**Anti-  
Inflammatory**

COLCORONA  
Colchicine

ORCHID  
Hydroxychloroquine

**Passive  
Immunity**

C3P0 –  
Convalescent Plasma

ACTIV – 3  
Monoclonal Antibodies

**Tissue Injury  
Repair**

ACTIV – 4 RAAS

**Anti-  
Thrombotic**

ACTIV – 4B

ACTIV – 4A

ACTIV – 4C

# Testing Re-Purposed Anti-inflammatory Treatments for COVID-19 Outpatients: COLCORONA Trial

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Can colchicine prevent complications due to inflammation in outpatients?

## Patient Populations

- Non-hospitalized patients
- 40 years old and older
- At least one high-risk characteristic

## Anti-Inflammatory

- Colchicine or placebo for 30 days



## Primary Endpoint of Hospitalization or Death

Colchicine (n=2075)	Placebo (n=2084)	Odds ratio (95% CI)	p value
96 (4.6%)	126 (6.0%)	0.75 (0.57-0.99)	0.042

**Published in *The Lancet***

*Benefit of colchicine observed among outpatients with confirmed COVID-19*

# Determining the Effectiveness of Hydroxychloroquine Treatment in Hospitalized COVID-19 Patients: ORCHID Trial



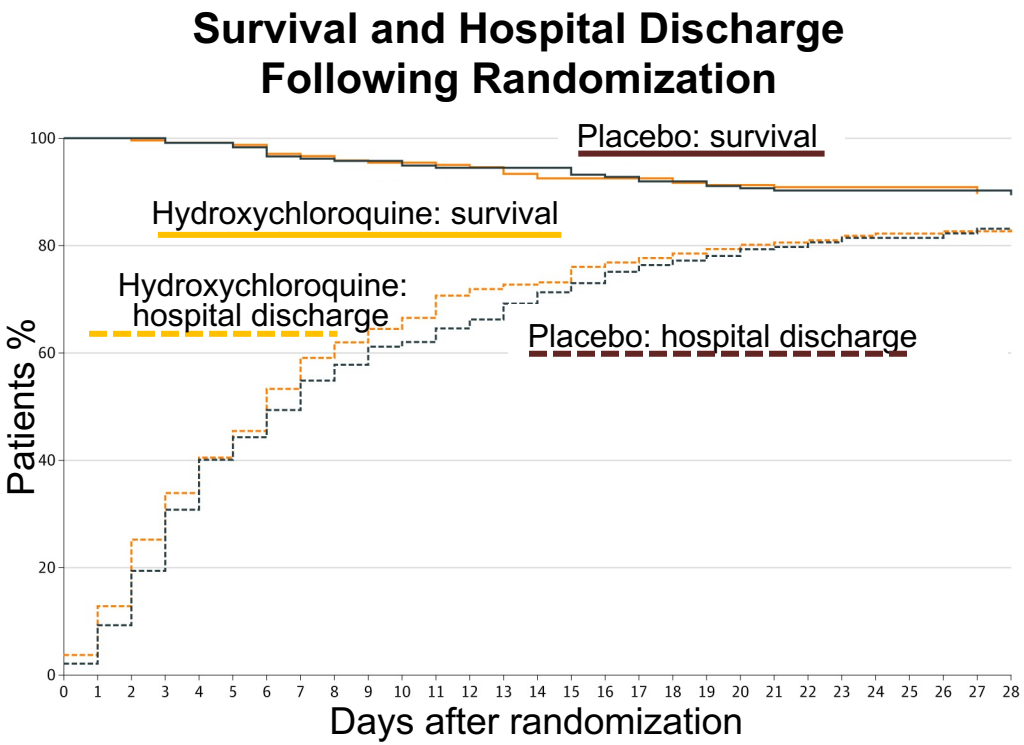
Hydroxychloroquine was promoted as a COVID-19 treatment but lacked safety and efficacy data

**Patient Populations**

- Adults hospitalized with respiratory symptoms
- Median age 57 years
- **37% Hispanic; 23% Black**

**Anti-Inflammatory**

- Hydroxychloroquine or placebo



*Hydroxychloroquine treatment demonstrated no benefit or harm to COVID-19 inpatients*

**Published in JAMA**



# Convalescent Plasma Treatment for Outpatients with COVID-19: C3PO Trial



Seek low-cost options for outpatients at risk for severe COVID-19: few RCTs with CP for other illnesses

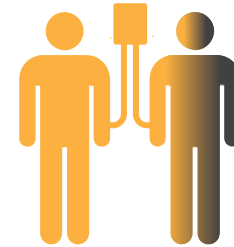
## Patient Populations

- ED patients with mild to moderate symptoms for  $\leq 1$  week
- $\geq 1$  risk factor associated with severe COVID-19

## Passive Immunity

- Single dose of convalescent plasma *or*
- Saline placebo

# CONNECTS



**C3PO**  
Clinical Trial of COVID-19  
Convalescent Plasma in  
Outpatients



*Interim analysis found convalescent plasma has **no significant benefit or harm**; study enrollment stopped early*



# Antithrombotic Strategies to Prevent COVID-19 Complications in Hospitalized Patients: ACTIV-4A

PREVENTION

ASYMPTOMATIC

SYMPTOMATIC

ED

HOSPITAL

ICU

RECOVERY

RECOVERED

Blood clots and inflammation are common complications in COVID-19 patients

**Patient Population**

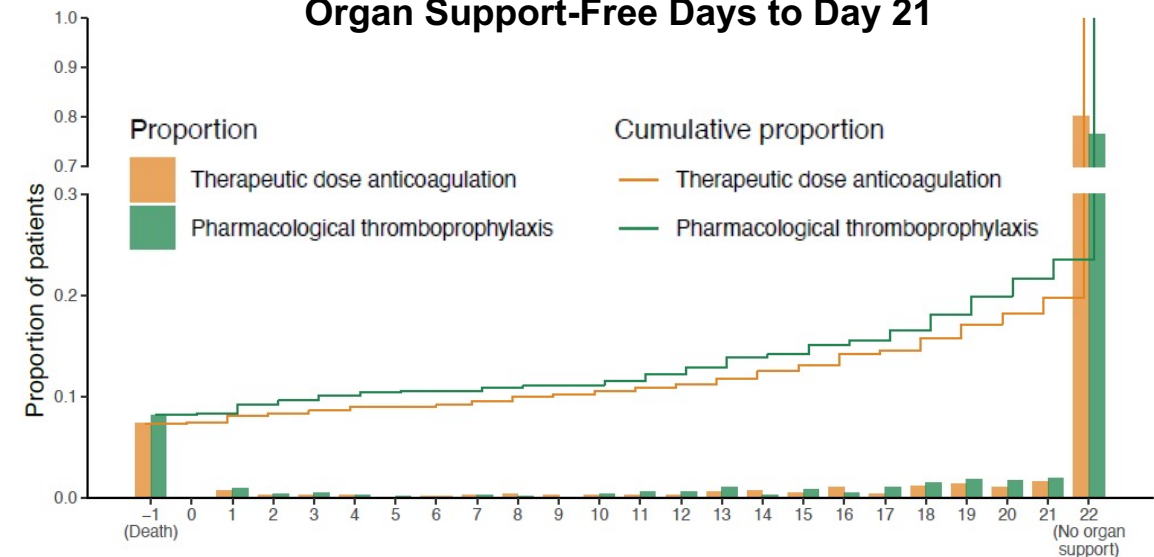
- Hospitalized patients
- Stratified by severe or moderate illness

**Anti-Thrombotic**

- **Therapeutic dose** of heparin
- **Prophylactic dose** of heparin



Organ Support-Free Days to Day 21

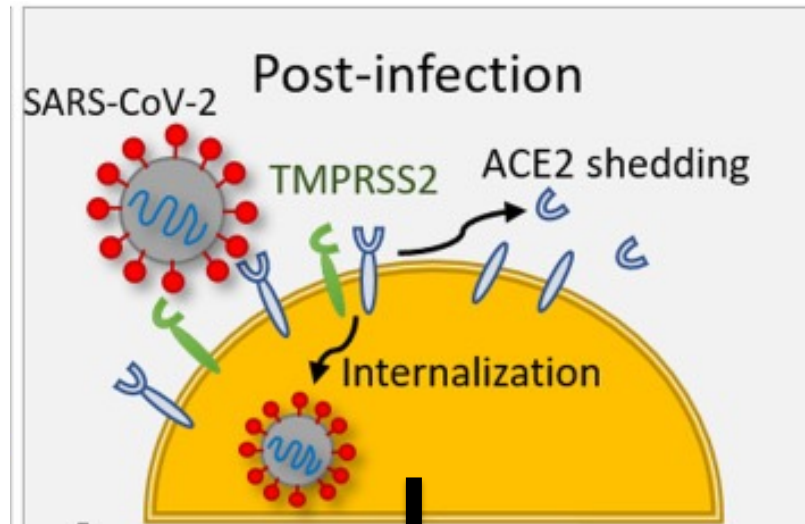


*Therapeutic dose of anticoagulant helps moderately ill but not critically ill inpatients*



# Working Hypothesis: Imbalance in the Renin-Angiotensin-Aldosterone System (RAAS) Modulates COVID-19 Clinical Course

SARS-CoV-2 leads to host tissue injury, increases pro-inflammatory, pro-thrombotic and pro-fibrosis signaling



↑ Inflammation  
↑ Thrombosis  
↑ Fibrosis

Patient  
Populations

Hospitalized Patients

Tissue  
Injury  
Repair

ACTIV – 4 RAAS

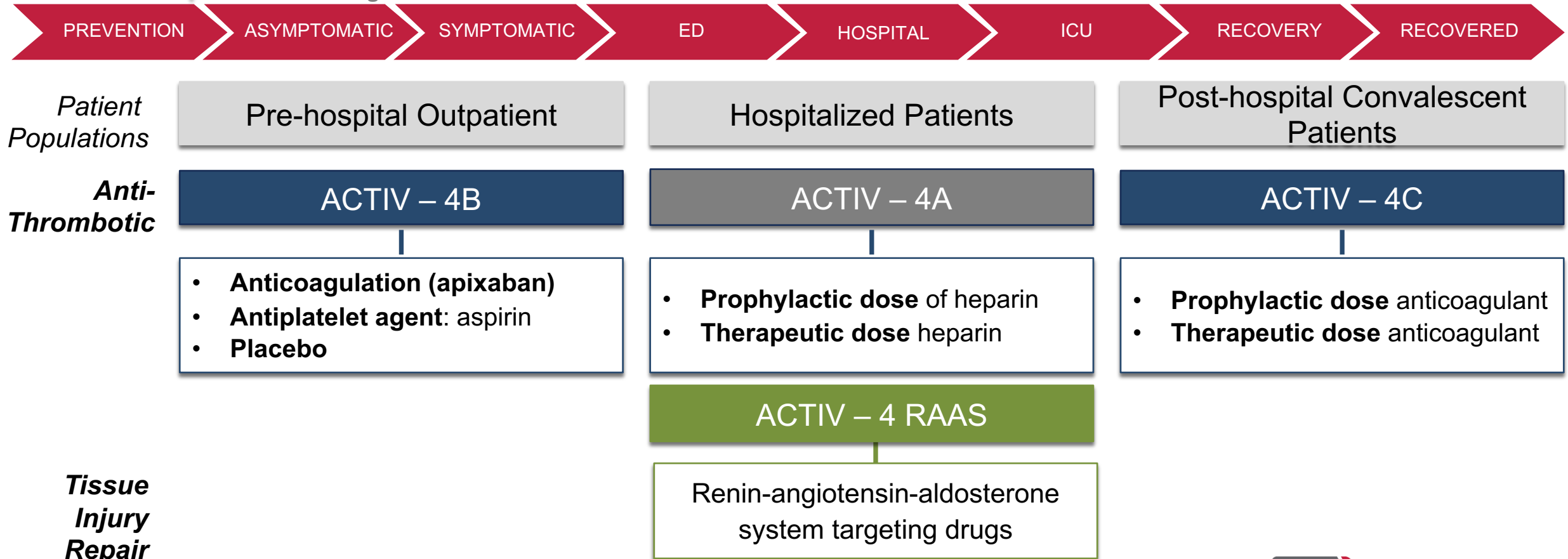
Test whether **RAAS targeting drugs** can prevent severe COVID-19 responses including:

- **Vascular Injury**
- **Pro-thrombotic**
- **Inflammatory**
- **Fibrotic**

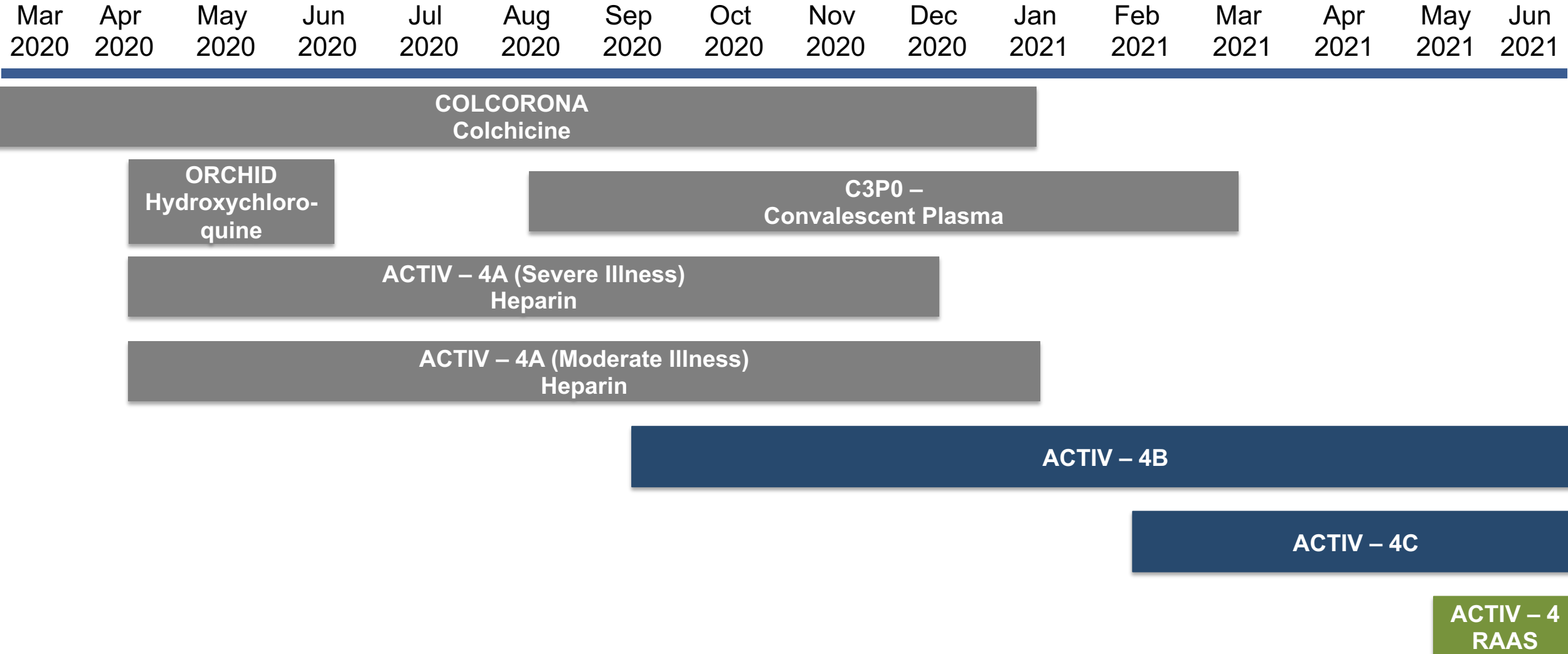
# Evaluating Effectiveness of Antithrombotic and RAAS-Targeting Drugs to Reduce Life-Threatening Complications

## Accelerating COVID-19 Therapeutic Interventions and Vaccines 4 (ACTIV-4)

COVID-19 Progression →



# NHLBI-NIH COVID-19 Rapid Adaptive Clinical Trials of Therapeutics: Impact on Clinical Practice



# NIH Ecosystem Addressing COVID-19 Clinical Challenges: Accelerating COVID-19 Therapeutic Interventions

